

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Large Entity)

Docket No.
FR-AM 1982 NP

In Re Application Of: **AUBERT, T.**

| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
|-----------------|-------------|-------------|--------------|----------------|------------------|
| 10/575,597 | 04/13/2006 | BOYLE, R.C. | 31684 | 4131 | 1566 |

Invention: **CURING AGENT WHICH IS SUITABLE FOR EPDM-TYPE RUBBERS**

COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 12/17/2008 in the above-identified application.
Date

The requested extension is as follows (check time period desired):

☐ One month ☐ Two months ☒ Three months ☐ Four months ☐ Five months

from: 03/17/2009 until: 06/17/2009
Date *Date*

The fee for the extension of time is **\$1,110** and is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **01-2717**
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **01-2717**
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

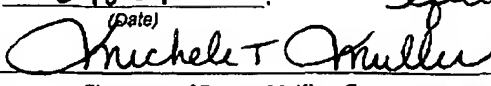

Signature

Dated: June 15, 2009

Steven D. Boyd

Reg. No. 31,000
Attorney for Record
Arkema Inc.
Phone: 215-419-5270
Date: 08/19/2009
00010014
1110.00 CR
012717 10575597
LDIEP1

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 6-18-09.
(Date) *efiled*


Signature of Person Mailing Correspondence

michele T. Muller
Typed or Printed Name of Person Mailing Correspondence

cc:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|------------------------------|--------------|-------------|---|---|----|---|---|---|---|
| 1 Date of Request: 08/10/09 | | 2 Serial/Patent # 10/575,597 | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| X | Extension of Time | wfee | 08/18/09 | \$ 1,110.00 | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ 1,110.00 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| Treasury Check | | | | | | | | | | | |
| X Credit Deposit A/C #: | | | | | | | | | | | |
| 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> </tr> </table> | | | | | 0 | 1 | -- | 2 | 7 | 1 | 7 |
| 0 | 1 | -- | 2 | 7 | 1 | 7 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| X | No Fee Due (Explanation): | | | | | | | | | | |
| Extension submitted after extendable period. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: Sherry D. Brinkley | | TITLE: Petitions Examiner | | | | | | | | | |
| SIGNATURE: | | PHONE: (571) 272-3204 | | | | | | | | | |
| OFFICE: Office of Petitions | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: | | DATE: 8/19/09 | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: